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Secretary of State

06-07-2005 90001 039 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06012005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000077496

1. Entity Name
PROFESSIONAL HANDS INSTITUTE, INC.

Principal Place of Business	Mailing Address
~~8321 NW 7 ST APT 301~~ ~~MIAMI, FL 33126~~	~~8321 NW 7 ST APT 301~~ ~~MIAMI, FL 33126~~

2. Principal Place of Business		3. Mailing Address	
2128 W Flagler St		2128 W Flagler St	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State Miami FL		City & State Miami FL	
Zip 33135	Country USA	Zip 33135	Country USA

4. FEI Number 20-1130497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIANA, CARIDAD ~~8321 NW 7 ST APT 301~~ ~~MIAMI, FL 33126~~	Name Triana Caridad Street Address (P.O. Box Number is Not Acceptable) 2128 W Flagler St ste 100 City Miami FL Zip Code 33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRIANA, CARIDAD ~~8321 NW 7 ST APT 301~~ ~~MIAMI, FL 33126~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Triana Caridad 2128 W Flagler St Ste 100 Miami, FL 33135	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUIZ, NOEL 6770 SW 48 ST MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does ~~not~~ qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] President 06/01/05 (305)541-8845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #